

**PART B - FEE(S) TRANSMITTAL**

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**SEP 09 2004**

**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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06/15/2004

**KNOBBE MARTENS OLSON & BEAR LLP  
2040 MAIN STREET  
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IRVINE, CA 92614**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

*Chesley S. Chereskin, Ph.D. #41,466*

(Depositor's name)

*Chesley S. Chereskin*

(Signature)

*September 7, 2004*

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,441	06/04/2002	Alan Leedham Hart	JAMES60.001APC	3224

TITLE OF INVENTION: RAPID METHOD FOR MEASURING COMPLEX CARBOHYDRATES IN MAMMALIAN TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEARY, LOUISE N	1654	435-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *Knobbe, Martens,*

2 *Olson & Bear, LLP*

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**AgResearch Limited**

**Hamilton, New Zealand**

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee (\$1330+30)

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

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The Director is hereby authorized by *any deficiency*, to credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

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(Authorized Signature) *Chesley S. Chereskin, Ph.D.* (Date) *Sept. 7, 2004*

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09/10/2004 RMEBRAH1 00000012 10069441

01 FC:1501	1330.00 0P
02 FC:8001	30.00 0P

TRANSMIT THIS FORM WITH FEE(S)



PATENT

Case Docket No. JAMES60.001APC  
Date: September 3, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Hart, et al.  
Appl. No. : 10/069,441  
Filed : June 4, 2002  
For : RAPID METHOD FOR MEASURING  
COMPLEX CARBOHYDRATES IN  
MAMMALIAN TISSUE  
Group Art Unit : 1654  
Class/Sub-Class : 435-009000  
Examiner : Leary, Louise N.

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 7, 2004

*Che S. Chereskin*  
(Date)

Che Swyden Chereskin, Ph.D., Reg. No. 41,466

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- Form PTOL-85.
- A check in the amount of \$1,360 to cover the issue fee and advanced order of copies is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- Return prepaid postcard.

*Che S. Chereskin*  
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